



Town of North Attleboro
 Board of Health
 43 South Washington Street
 North Attleboro, MA 02760

Date rcvd. _____
 Amount paid _____
 Check # _____
Permit #BAE
 Date issued: _____
 Date of inspection _____
 All documents received _____

For office use only

New Renewal permit application for:

BODY ART/BODY PIERCING ESTABLISHMENT

Permit valid through: **April 30, 202_**

Fee: \$ 300.00

Renewal amount is **\$425.00** if received after April 30th

Establishment Name:	
Address:	
Telephone #:	TIN#:
Owner's Name:	
Address:	
City, State, Zip:	
E-mail Address:	
Owner Telephone #:	

The undersigned hereby applies for a permit in accordance with the provisions of the Town of North Attleboro Board of Health **Rules and Regulations for Body Art/Body Piercing Establishments and Practitioners** made under authority of M.G.L. c.111 §31.

- This permit will be non-transferable, valid for one year expiring April 30th, and its fee cannot be pro-rated.
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- A permit will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Federal Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met your tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to the suspension, revocation or non-renewal of their Board of Health-issued permit/license(s).

Operator-Applicants are required to:

1. Appear before the Board of Health to review the application prior to its initial approval.
2. Attach a signed and dated attestation that the owner/operator has received, read and understood the Board of Health regulation cited above.
3. Attach a list of all body art, body piercing and body art apprentice practitioners who will be working in this establishment
4. Attach the autoclave information required in the Board of Health regulation cited above.
5. Attach a scaled drawing of the floor plan of the establishment for Board of Health review.
6. Attach copies of the establishment's required "Client Aftercare Instructions" and "Exposure Incident Report Plan".

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

 Signature of establishment owner

 Date

 Print name of establishment owner

 Signature of applicant (if different)

 Date

 Print name of applicant